

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000005345

**Entity Name:** PASTEUR HEALTHCARE PROPERTIES, LLC

**Current Principal Place of Business:**

367 S GULPH RD  
KING OF PRUSSIA, PA 19406

**Current Mailing Address:**

367 S GULPH RD  
KING OF PRUSSIA, PA 19406 US

**FEI Number: 86-1734170**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title M  
Name UHS OF DELAWARE, INC.  
Address 367 S GULPH RD  
City-State-Zip: KING OF PRUSSIA PA 19406

Title AP  
Name RAMAGANO, CHERYL K  
Address 367 S GULPH RD  
City-State-Zip: KING OF PRUSSIA PA 19406

Title AP  
Name FILTON, STEVE  
Address 367 S GULPH RD  
City-State-Zip: KING OF PRUSSIA PA 19406

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEVE FILTON**

**MANAGER**

**04/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date